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PTO/SB/05 (4/98)

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Approved for use through 09/30/2000. OMB 0651-0032

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UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorney Docket No. MESS0001 First Inventor or Application Identifier | Messenger High Speed Data Classification System

Only	for new	nonprovision	nal applications under 37 C F	R. § 1.53(b)) Expres	ss Mail La	ibel No. EL	8161583	326US				
See i			TION ELEMENTS oncerning utility patent applic	cation contents.	AL	DRESS TO	D: Box P	atent Ap	nmissioner for Patents plication DC 20231			
1.			mittal Form (e.g., PTO/S		5.	Microfich	e Comput	ter Prog	ram (<i>Appendix</i>)			
-	X s	pecification preferred arra	ginal and a duplicate for fee n [Total langement set forth below] title of the Invention	·	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy							
			erences to Related Applic Regarding Fed sponsore		1	o. D Pa	aper Copy	y (identi	cal to computer copy)			
			to Microfiche Appendix			c. Statement verifying identity of above co						
	_	Background	d of the Invention		ACCOMPANYING APPLICATION PARTS							
	-	Brief Summ	nary of the Invention	7. Assignment Papers (cover sheet & document(s))								
	 Brief Description of the Drawings (if filed) Detailed Description 				8. 37 C.F.R.§3.73(b) Statement X Power of Attorney							
	- Claim(s)					9. English Translation Document (if applicable)						
з. Г			the Disclosure (35 U.S.C. 113) [Total S	Sheets 23 1	10.	Information	on Disclos	sure	Copies of IDS			
-		or Declaration [Total Pages 2] [Total Pages 3] [Total Pages 4] [Total Pages 5]										
	a X Newby executed (original or copy) 12 V Return Receipt Postcard (MPEP 503)											
İ	b. Copy from a prior application (37 C.F.R. § 1.63(d)) * Small Entity Statement filed in prior applic											
	DELETION OF INVENTOR(S) Status still proper and desired											
		"	Signed statement att inventor(s) named in the		14.		Copy of F priority is		Document(s)			
			see 37 C.F.R. §§ 1.63		15.	Other:						
FE	ES. A SA	MALL ENTITY S	3: IN ORDER TO BE ENTITLED STATEMENT IS REQUIRED (37 R APPLICATION IS RELIED UP	C.F.R. § 1.27), EXCEPT		15. Oner.						
			G APPLICATION, check a		unahi tha r	a a un auta un farran	ation halou		prolymon, amondment			
10.		Continuation		a <i>ppropnale box, and</i> s Continuation-in-part (C		of prior applic			· ·			
ĺ		application inf		Continuation-in part (c	,,,		roup / Art U		<u>'</u>			
	CONTIN	NUATION or	DIVISIONAL APPS only: T			r application,	from which	h an oat	h or declaration is supplied			
			pration <u>can only</u> be relied u						and is hereby incorporated by ubmitted application parts.			
			17.	CORRESPONDE	NCE AL	DRESS						
☐ Customer Number or Bar Code Label 22862 or ☐ Correspondence address below (Insert Customer No. or Attach bar code label here)												
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City		+		State			Zip C					
COL	untry			Telephone				Fax				
	Name	(Print/Type)	Michael A. Glenn		F	Registration No	. (Attorney/A	gent)	30,176			
	Signat	ure	7					Date	8/30/2001			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Complete if Known Unassigned

PTC/SB/17 (6/99)

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Application Number

for FY 1999	L	Filing	Date			Herewit	h			
Patent fees are subject to annual revision		First Named Inventor			Messenger					
Small Entity payments <u>must</u> be supported by a small entity stater otherwise large entity fees must be paid See Forms PTO/SB/05	nent, -12 Examiner Name			Unassigned						
See 37 C F R §§ 1 27 and 1.28				Unassi	nassigned					
TOTAL AMOUNT OF PAYMENT (\$) 1,256.00		Attorney Docket No. ME			MESS	ESS0001				
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)								
1. X The Commissioner is hereby authorized to charge		DDITI								
— indicated lees and credit any over payments to	Fee				Fee Description			Fee Paid		
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Deposit Account Name	127	cover sheet								
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Under 37 CFR §§ 1 16 and 1 17	1	2,520	147			-				
2. Payment Enclosed:	112	Examiner action								
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FEE CALCULATION	115	110	215	55		sion for reply sion for reply				
1. BASIC FILING FEE	116 117	380 870	216 217				within third		 	
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101 760 201 380 Utility filing fee 355.00	119	300	219		Notice	of Appeal				
106 310 206 155 Design filing fee	120	300	220		Filing	a brief in su	oport of an a	ppeal		
107 480 207 240 Plant filing fee	121	260	221	130	Reque	est for oral h	earing			
108 760 208 380 Reissue filing fee	138	1,510	138	1,510	Petitic	on to institute	a public use	e proceeding		
114 150 214 75 Provisional filing fee	140	110	240	55	Petitio	on to revive	unavoidable	e		
SUBTOTAL (1) (\$) 355.00	141	1,210	241	605	Petitio	on to revive - unintentional				
2. EXTRA CLAIM FEES	142	1,210	242	605	Utility	ıssue fee (o	r reissue)			
Fee from Ext <u>ra Claim</u> s <u>below</u> <u>Fee Paid</u>	143	430	243	215	Desig	n issue fee				
Total Claims 89 -20** = 69 x 9.00 = 621.00	144	580	244	290	Plant	issue fee				
Independent 10 - 3** = 7 × 40.00 = 280.00	122	130	122	130	Petitio	ons to the Co	mmıssioner			
Multiple Dependent	123	50	123	50	Petitio	ons related to	o provisional	applications		
**or number previously paid, if greater, For Reissues, see below	126	240	126	240	Subm	ission of Info				
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recor	rding each patent assignment per erty (times number of properties)			0.00	
103 18 203 9 Claims in excess of 20	146	760	246	380	Filing	a submissio	n after final r			
102 78 202 39 Independent claims in excess of 3	149	760	249	380	-	FR § 1.129(ach addition	a)) al invention t	to be		
104 260 204 130 Multiple dependent claim, if not paid	1						R § 1 129(b)			
109 78 209 39 ** Reissue independent claims over onginal patent	Other	Other fee (specify)								
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other	Other fee (specify)								
SUBTOTAL (2) (\$) 901.00	Red	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.						.00		
SUBMITTED BY Complete (if applicable)										
Name (PrintlType) Michael A. Glenn		Registration No (Attorney/Agent) 30,176				3		650-474-8	3400	
Signature		[Attorney/Agent)						8/30/01		

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